

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: METHOD OF TREATING COGNITIVE DECLINE
DUE TO SLEEP DEPRIVATION AND STRESS
Attorney Docket Number:: C21-074US
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 3
Small Entity?:: Yes
Petition Included?:: No
Secrecy Order in Parent Application?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sam
Middle Name:: A
Family Name:: DEADWYLER
City of Residence:: Winston-Salem
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 2766 Edinberg Dr.

City of mailing address:: Winston-Salem
State or Province of Mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27103

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: E.
Family Name:: HAMPSON
City of Residence:: Kernersville
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 909 George Place Dr.
City of mailing address:: Kernersville
State or Province of mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27284

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda

Middle Name:: J.
Family Name:: PORRINO
City of Residence:: Winston-Salem
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 608 Alpine Dr.
City of mailing address:: Winston-Salem
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27104

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Gary
Middle Name:: A.
Family Name:: ROGERS
City of Residence:: Laguna Beach
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 28821 Shady Lane
City of mailing address:: Laguna Beach
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92651

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: S.
Family Name:: LYNCH
City of Residence:: Irvine
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4 Gibbs Court
City of mailing address:: Irvine
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92715

Representative Information

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|----------------------------------|-------|--|
| Representative Customer Number:: | 28156 | |
|----------------------------------|-------|--|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-------------------|--|----------------------|----------------------|
| This Application | National Stage of | PCT/US2004/000706 | 01/13/04 |
| PCT/US2004/000706 | An application claiming the benefit under 35 USC 119(e) of | 60/439,735 | 01/13/03 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| WIPO | WO 2004/062616 | 01/13/2004 | Yes |

Assignment Information

Assignee name:: Cortex Pharmaceuticals, Inc.
Street of mailing address:: 15241 Barranca Parkway
City of mailing address:: IRVINE
State or Province of
Mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92618

Assignment Information

Assignee name:: Wake Forest University Health Sciences
Street of mailing address:: Medical Center Boulevard
City of mailing address:: Winston-Salem
State or Province of
Mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27157

Assignment Information

Assignee name:: The Regents of the University of
California
Street of mailing address:: 1111 Franklin Street, 12th Floor
City of mailing address:: Oakland

State or Province of
Mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94607-5200

Correspondence Information

Name:: Henry D. Coleman
Street of mailing address:: 714 Colorado Avenue
City of mailing address:: Bridgeport
State or Province of mailing address:: Connecticut
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06605-1601
Phone Number:: (203) 366-3560
Fax Number:: (203) 335-6899
E-Mail Address:: cosud@erols.com